## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 736654**

CENTURY FISHING AND SOCIAL CLUB, INC.

					_			•
Principal Place of Business Mailing Address								
SOMERSET K 201 WEST PALM BCH. FL 33417		SOMERSET K201 WEST PALM BEACH FL 33 US	WEST PALM BEACH FL 33417-2636					
2 Principal P	Place of Business	2a. Mailing Address			Date incorporated or Qu	alifed		<del></del>
— `	riace of business	26			08/23/1976	aou		
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	,	An	plied For
22		27			59-6589564	*	<u> </u>	t Applicable
City & Stat	te	City & State					\$8.75 /	Additional
23		28			5. Certifcate of Status Des	red V	Fee Re	quired
Zip	Country	Zip	Coun	try	6. Election Campaign Fina	ncing [	\$5.00	May Be
24 .	25	29	30		Trust Fund Contribution		Added t	o Fees
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of	New Registered	Agent	
	: •		'	31 Name	•			· •
TAUBEN,	HARRY:		ļ.	32 Street Add	Iress (P.O. Box Number is Not A	cceptable)		
SOMERSE	ET K201		L					
WEST PA	LM BEACH FL 33417		,	33				
			Ī	34 City	·	FI	85 Zip (	Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statute	s, the about	ove-named corp	poration submits this statement i	or the purpose of	nintment as re	nisteren
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was at pations of, Section 617.0503, Flor pent and title if applicable. (NOTE:	uthorized lida Statut	ov the comorat	ion's board of directors. I hereby	accept the appoint	ointment as re	gistered (
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90071 008 \*\*\*\*70.00